PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

or Fax (571)-273-2885

INSTRUCTIONS: This appropriate. All further indicated unless correcte maintenance fee notifical	form should be used to correspondence including to below or directed oth tions.	or trange the servise	nsmitting the ISS Patent, advance of in Block I, by (hould be completed where correspondence address as arate "FEE ADDRESS" for
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address) 7590 05/18/2009 Joel H. Bock, COOK, ALEX, McFARRON, MANZO, CUMMINGS & MEHLER, LTD. 200 West Adams Street - Suite 2850					Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.			
omongo, 12 ooooo				L			iorto	(Signature)
				L	August (7, 2	:009	(Date)
APPLICATION NO.	TION NO, FILING DATE		FIRST NAMED INVE		OR ATTORNI		RNEY DOCKET NO.	CONFIRMATION NO.
09/872,604 06/01/2001				Robert E. Callies LINDSAY 51			2262	
TITLE OF INVENTION				÷				
APPLN, TYPE	SMALL ENTITY	IS	SUE FEE DUE	PUBLICATION FEE DUI		E FEE	TOTAL FEE(S) DUE	
nonprovisional	ional NO		\$1510	\$300	\$0		\$1810	08/18/2009
EXAMINER			ART UNIT	CLASS-SUBCLASS	_			
HWU, DAVIS D 3752				239-450000				
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).				2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys				
Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.				or agents OR, alternatively,				
"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.				(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
3. ASSIGNEE NAME A				-				
PLEASE NOTE: Unlease recordation as set forth	ess an assignee is ident n in 37 CFR 3.11. Comp	fied be detion	elow, no assignee of this form is NC	data will appear on the	patent. If an assign n assignment.	iee is id	lentified below, the de	ocument has been filed for
(A) NAME OF ASSIC				(B) RESIDENCE: (CIT				·
Lindsay Manufacturing Company				Lindsay, Nebraska				
Please check the appropri	ate assignee category or	catego	ries (will not be p	rinted on the patent) ;	☐ Individual 🏞 Co	orporati	on or other private gro	oup entity Government
4a. The following fee(s) are submitted: Solve Fee				4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached.				
☑ Publication Fee (No small entity discount permitted) ☑ Advance Order - # of Copies One (1)				The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 50-103 genclose an extra copy of this form).				
 Change in Entity Stat a. Applicant claims 	us (from status indicated SMALL ENTITY statu		-	☐ b. Applicant is no lo	nger claiming SMA	LL ENT	FITY status. See 37 CF	⁷ R 1.27(g)(2).
NOTE: The Issue Fee and interest as shown by the r	I Publication Fee (if requeeords of the United Sta	tired) v tes Pate	vill not be accepte enyand Trademark	d from anyone other than Office.	the applicant; a regi	stered a	ttorney or agent; or th	e assignee or other party in
Authorized Signature	Joel H. (X		Date <u>A</u>	ugus	st 7, 2009	
Typed or printed name			ck	· · · · · · · · · · · · · · · · · · ·	Registration N		29,045	
This callaction of informs	ation ic required by 37 C	FR 12	11 The information	on is required to obtain or	retain a benefit by t	ne ոսհե	ic which is to file (and	Lhy the HSPTO to process).

an application. Confidentiality is governed by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.